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ABSTRACT

This paper examines collaboration and consultation relative to the current restructuring and inclusion movement in education. It presents the advantages of the collaborative consultation model for serving special students, particularly those with speech and language impairments and outlines the role of the speech language pathologist in collaborative consultation. The paper then describes the implementation of a pilot collaborative consultation model at three public schools in Lee County, Florida. This case study collected data from 13 teachers, in the areas of communication, personal growth, professional development, academic aspects, social/emotional student variables, program variables, parent variables, and formal documentation. The case study found that the collaborative consultation model is a model of best practice for all children and particularly for students with language and speech impairments. The implementation of a collaborative consultation model requires more teacher flexibility and planning time, reduces polarization between regular and special education teachers and students, and reduces the need for intervention with severe problems in the latter grades. Recommendations are offered for future collaborative models. Appendixes contain various forms and data from the survey forms. (Contains 30 references.) (JDD)

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# Collaborative Consultation: Literature Review and Case Study Of A Proposed Alternative Delivery System

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Literature Review

## Introduction

Public education is currently undergoing significant changes in terms of how services are being delivered to at-risk and exceptional student populations. These reforms have been brought about by socioeconomic, linguistic, and racial issues which have caused educators to call for a restructuring of the methods used to teach not only at risk and exceptional students but also students in regular education. Consultation, an alternative delivery model proposed throughout the literature which allows educators, support staff and families to work together to problem solve, to determine each student's strengths and needs, and to formulate and implement solutions to meet each student's educational needs while the student remains in the regular classroom, is being proposed as a major restructuring effort.

Although this consultative model has been used in many exceptional student education classrooms across the county, it has not been expanded to include speech and language impaired students except on a very limited basis. The majority of communicatively impaired students in the public schools continue to be served through a pull-out model, based upon the medical model of service delivery, whereby the speech-language pathologist works with the student outside the classroom environment.

## Purpose

The purpose of this research is to review the literature regarding collaboration and consultation relative to the current restructuring movement; to present the advantages of the collaborative consultation model for serving special students, particularly the speech and language impaired; to describe the implementation of a pilot collaborative consultation model at three public schools; to analyze the data relative to current research; and to discuss implementation and recommendations for future models of this type.

## Research question

Does this case study support the benefits of the collaborative consultation model relative to the research on the current restructuring movement concerning the education of the speech and language impaired? What are the implications for future collaborative service delivery models?

## RESTRUCTURING AND INCLUSION

Restructuring seems to have many different meanings to different people; however, there is general agreement that it involves at a minimum the following concepts:

> site-based management;
> shared decision-making;
> restructured programs and timetables;
> collaborative work cultures;
> new designs for teaching and learning;
> new roles such as mentors, coaches, and leadership roles; and
> teaming of parents, teachers, administrators, and community leaders (Fullan, 1993).

Research and reform in special education for the past ten years has focused primarily upon the inclusion of students with disabilities into general education classrooms. Collaboration and consultation strategies have been the primary strategies suggested to facilitate integration as a part of the site-based management and shared decision making processes (Evans, et al., 1993). This integration of special education students into regular education classrooms provides an opportunity for aligning reform efforts in special and general education.

In 1993 there continue to be questions as to the exact nature of restructuring, but there is clarity in its purpose which is to "ensure that all students succeed in mastering a rich, coherent body of knowledge" (Berreth, 1992, p. 6). As a result of the current restructuring movement, there is a shift underway for schools to be responsible for ALL children. Furthermore, success in a restructured school is contingent upon a systematic rather than a fragmented education. Diversity and uniqueness are viewed as assets rather than deficits. This shift in focus from exclusive to inclusive schools implies the restructuring of regular and special education to be inextricably linked. Skrtic (1993) states that both regular and special educators are currently seeking an adaptable and

innovative system in which teacher discretion leads to more personalized instruction through collaborative problem-solving among professionals and students. An alternative means of serving students with mild and moderate handicaps (particularly the language-learning disabled) currently advocated, is to integrate them into the regular classroom and serve them through a collaborative problem-solving approach.

Goodlin and Mehollin (1990) emphasize the shift in philosophy which brought about the recent paradigm shift in the ways special educators view learning and the process of educating children to be a result of the following: (1) growing concern regarding the efficacy of school speech and language programs and other special education programs, (2) the Regular Education Initiative, (3) the whole-language approach to literacy learning, and (4) the emphasis and impact of collaboration in business and industry (p. 89). Although Public Law 94-142 (PL 94-142) called for special students to be served in the "least restrictive environment," which meant mainstreaming them into the regular classrooms for a portion of the school day, it was the Regular Education Initiative (REI), based upon the research regarding the social and psychological cost of labeling students and the weak effects of instructional practices in special education, which called for a unitary system of education where special students' needs are best met in the regular classroom with supportive, consultative services provided in the regular class (Will, 1986). The REI has led the National Association of State Boards of Education to call for a unitary system of education and the creation of policies at the state level that support the unitary system. In such a system, regular and special education provide mutual support to one another and together furnish students more complete, integrated services (McNulty, 1992). This alternative model or unitary system, rejects the bimodal division of handicapped and non handicapped student and accepts individual differences. It rejects the medical model or deviancy model and the premise that the problem lies within the individual student. Nor does it accept the resolution lies within one treatment

modality. How does one shape an educational system to include these students in an inclusive rather than an exclusive system? One promising service delivery model is collaborative consultation, whereby instructional options for all students are expanded in the least restrictive environment through a problem-solving or collaborative approach.

As a result of the REI much research has been conducted to support this inclusive, holistic, collaborative model of service delivery. Proponents of this model advocate it as a model fostering excellence and equity in education. Since the 1960s, students with special needs have been served in pull-out or resource programs and served in segregated classes which have often been criticized as being racially biased, instructionally ineffective, and socially and psychologically damaging (Skrtic, 1992). The collaborative consultative model fits well into the current educational restructuring movement because its goals are to expand educational options to ALL students and to do so in the least restrictive environment. The major focus of this collaborative effort proposes looking not to the child as the source of the problem but to the learning environment. It focuses upon restructuring teaching and learning in the classroom rather than creating a new environment by removing the child from the classroom. Teachers are viewed as learners rather than teachers, as they facilitate the learning process for ALL children. This model has a strong preventative orientation and is implemented on a systematic basis as an integral component of the educational system, rather than as a tangential component. School systems across the country are adopting this collaborative consultation model with programs referred to as: prereferral intervention, teacher-assistance teams, and building level support teams (Fullan, 1993).

## TRADITIONAL MODELS

National data concerning special education indicate that of the 4.5 million students currently served under PL 94-142, two-thirds are labeled as mild to moderately handicapped, and the majority of those students are labeled learning disabled (Zins, et al., 1988) . National data concerning communication disorders as a component of special education indicate that approximately 26% of all handicapped students and 3% of the pre-kindergarten through 12th grade regular education school population are categorized as speech or language impaired. The extent of services in this area of special education is one of the largest in the school setting. Current data in the state of Florida (Florida Department of Education, Exceptional Student Membership Survey-Fall Program Count by Exceptionality, 1992-93) indicate that there were 310,883 students (approximately 6% of the state's total school enrollment) categorized as exceptional student membership. The largest growth numbers are found in the categories of students with mild handicaps including mild mental retardation, learning disabilities, emotional/behavioral disturbances and speech-language impairment. Zins, et al., (1988) reports results of a national survey of referral, testing and placement rates revealed that: (a) 3 to 5 percent of the school population is referred annually for consideration of special education; (b) of the students referred, 92 percent are tested for eligibility; and (c) of the students tested, 73 percent are placed in special education services (Algozzine, Christenson, & Ysseldyke, In Zins, et al., 1988). Even though special programs of the past decade have been successful in bringing unserved students into public education and have established rights for them, it has failed to overcome the segregation between general and special education and to make the separate systems significant in terms of student benefits (Skrtic, 1993).

## RESEARCH RESULTS

Current research indicates that resource room or pull-out programs, based upon categorical or multicategorical labeling of children with special needs, continues to be the most widely used service delivery system in the public schools for serving mild and moderately disabled students (Friend & NcNutt, 1984). However, these pull-out programs have failed to meet the educational needs of our mild and moderately disabled students (Will, 1986). Gutkin (1990) sites primary problems associated with the traditional pull-out or resource model to include: (1) effectiveness is limited by poor generalization of behavior change across environments; (2) non-specialists are disenfranchised from providing services; and (3) there is insufficient focus on prevention (pp. 58-60). There is currently no body of literature supporting the fact that special education programs have significant benefits for students. However, there is a growing body of evidence to suggest just the opposite. For example, studies comparing mainstreamed and segregated students with handicapping conditions, support the fact that mainstreamed students have higher academic means than the students in segregated programs. Studies conclude that full and part time regular class placement was more beneficial for student achievement, self-esteem, behavioral and emotional adjustments (Gartner and Lipsky, 1992). Gersten and Woodward (1990) report that pull-out programs: (1) have become "dumping grounds" for difficult to teach children, particularly minorities, (2) waste large amounts of learning time as students travel to and from these resource rooms, (3) do not link curriculum used in the resource classes with that used in the general education classrooms, and (4) do not attempt to link the learning that takes place in the resource room to that learned in the regular classroom.

Traditionally, language-learning disabled students have received speech and language therapy in pull-out programs which result in intervention occurring within the confines of

each specialist's discipline. Remediation has focused upon splinter skills or remediation of certain parts of the student's disability. This pull-out model of service delivery has proven unsuccessful in transferring language behaviors to contexts outside of therapy (Bunker, V. J., McBurnett, W. M. & Fenimore, D. L., 1988). This medical view of disabilities formulates two different categories of people, handicapped and non handicapped. This view emphasizing serving handicapped students in separate programs or even in separate classrooms is a segregated model which tends to view handicapped students as second class citizens ( Skrtic, 1992). The research data suggests an exclusive system which fosters neither equality nor excellence in education.

According to Gartner and Lipsky (1992), effective instruction studies indicate the general practice of special education runs counter to the basic effectiveness tenets in teaching behaviors, organization of instruction and instructional support. For example, studies of mildly handicapped students indicated: (1) almost no instruction involving higher level cognitive skills, (2) little time in active learning, direct instruction or teacher feedback, and (3) a low frequency of contingent teacher attention (p. 133). Furthermore, there is little qualitative difference in special education instruction in terms of time on task, curriculum adaptation, diverse teaching strategies, adaptive technology or advanced technology (Gartner and Lipsky, 1992). These factors have led special educators to reconceptualize the delivery of special services to students who are experiencing difficulty.

**SPEECH-LANGUAGE PATHOLOGIST**

This alternative model is having immediate impact upon the role of the speech- language pathologist in the public schools. This paradigm shift involves viewing language learning as an interactive, collaborative process facilitated by the speech-language

pathologist within the context of the child's natural environment rather than a set of isolated or splinter skills taught in a medical model type environment. This paradigm shift virtually redefines the role of the speech-language pathologist in the schools. Traditionally the speech-language pathologist has functioned as an independent professional person who was responsible for diagnosing and treating the speech disorders of children in public schools, comparable to the school psychologist, occupational therapist or physical therapist. Speech language pathologists are now being encouraged to consider collaborative consultation as an alternative delivery system for speech and language impaired students in the public schools. Speech-language pathologists are encouraged to have knowledge concerning collaboration. In addition, current application of knowledge would dictate expectations as to the speech-language pathologist's proficiency in holistic treatment. That is, assessment and treatment of children with communication disorders must be conducted under a partnership with parents, educators, and other professionals. Collaborative consultation has become a preferred method of planning and problem solving appropriate for the delivery of speech-language services within educational settings (Coufal, 1993).

## HISTORY OF COLLABORATION AND CONSULTATION

Precedent for collaboration may be found in Deweyan theory. Hollis Caswell, L. Thomas Hopkins, Alice Miel and S. M. Corey consulted in a collaborative spirit during the progressive era and they viewed curricular reform as a dynamic social process (Schubert, 1993). The concept of collaborative consultation, as applied to educational environments, has evolved from the mental health literature (Caplan, 1964). Collaboration is a term used widely today to refer to partnerships between scholars, researchers, teachers, administrators, community leaders and parents, who share expertise to resolve problems in educational settings (Schubert, 1993). Consultation is the

problem-solving and decision-making process involving the collaborative efforts of two or more persons to benefit another person (the student) for whom they bear some responsibility (Gutkin & Curtis, In Zins, et al., 1988). Tharp (1975) has defined collaborative consultation as "...an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problem. The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context" (Tharp, In Coufal, 1993, p. 2).

In this model, the consultant (speech-language pathologist or special education provider) serves the client (student) indirectly, while direct services are provided by the consultee (teacher) who has primary responsibility for providing services to the client (student). The consultee (teacher) works collaboratively with other professionals to meet student needs. There are new priorities in terms of collaborative planning, evaluation and implementation of services. This model espouses the theory that two heads are better than one in problem solving. Because of the nature of the consultative process, it is more than team teaching or cooperation with other professionals. Collaboration defines how we interact with others; while consultation defines the process in which the interaction occurs. Collaboration implies coequal partners working together to diagnose, treat, and problem solve for the benefit of the student; while sharing in the responsibility of the outcome. Important characteristics of collaborative style include: mutual goals, parity, volunteerism, and shared participation, resources, and accountability (Friend and Cook, In Coufal, 1993). Teachers and special education personnel work together through collaborative dimensions to plan and to share responsibilities of the student's educational goals. Collaboration is not having special education personnel deliver exceptional student education services in the regular education classroom, but implies a sharing of

responsibility for the student and the outcomes. Consultation competencies include, at a minimum, the following: willingness to learn from others; modeling coping behaviors and flexibility; respecting the opinions of others; utilizing active listening skills; giving and soliciting feedback; managing conflict; and integrating ideas (Coufal, 1993). Interaction and communication skills, problem solving strengths, and personal-cooperative characteristics are essential to successful execution of the collaborative consultation model.

In this collaborative consultative model of special education, speech-language pathologists, general education, teachers, and parents work together, sharing expertise in planning, implementing and monitoring strategies to help students achieve success in the classroom. The team works together in a concerted effort to provide strategies and therapy techniques to enhance student learning in the regular classroom. The role of the collaborative teacher is that of monitoring and documenting the process as well as providing strategies and alternatives to regular classroom instruction, demonstration teaching, and providing resources as needed. The role of the speech-language pathologist is that of sharing information regarding the students' learning styles and speech and language developmental levels. In addition, the speech-language pathologist works with the classroom teacher to incorporate the language and speech goals and objectives into the classroom activities. The teacher's role is to work with the team members in designing and implementing the strategies in the classroom, providing insight into how the student learns best, and working with the speech-language pathologist in designing lessons with the students' developmental levels in mind, as well as, providing reinforcement to students as they meet their goals in the classroom. The parent's role is to provide insight into the student's strengths and needs and to facilitate transfer of learned strategies outside the school environment.

This delivery open systems approach, based upon social learning theory, views the individual as exhibiting behaviors that result in actions or changes reflecting the individual's relationship to the surrounding environment. Likewise, the student in the classroom is viewed as influenced by each of the other students, the teacher and the environment. Thus, it becomes necessary to consider various factors in the student's learning environment, including the student, to understand the student's learning needs. Accordingly, students are influenced by their environment, and in turn, have an influence on the environment (Nelson, In Hixson, 1993). Nelson (1989) highlights the importance of language learning in the process of mastering the various curricula in the classroom. She offers the concept of curriculum-based language assessment and intervention strategies as a means of modifying students' abilities to master the classroom and school curricula. Specifically, she emphasizes assessment and intervention in response to the following questions:

1. What kinds of oral and written language skills does successful processing of a particular curriculum require?
2. What kinds of language skills and strategies does the student currently exhibit when attempting to complete academic tasks in the curriculum?
3. What kinds of language skills and strategies might the student acquire in the future that will lead to greater success in meeting similar curriculum demands?
4. What modifications in curricular expectations, or in the way the curriculum is taught to a particular student, might make it more accessible? (pp. 21-22)

**BENEFITS**

There are many benefits inherent in the collaborative consultation model of service delivery. The major benefit is that the collaborative consultation expands educational options to students with special needs by providing a continuum of services, a variety of interventions, instructional techniques and reinforcement procedures. There are a number of empirically based strategies that can help resolve not only academic problems but also

social and emotional problems commonly experienced by special students (Zins, et al., 1988). Language and speech impaired students are offered language-learning strategies which are implemented through the consultative process with a systems view of classrooms and a social learning view of behavior. Educational options are also extended such that effective intervention plans include the direct teaching of skills and the manipulation of classroom variables to maximize academic performance.

A second benefit found in the collaborative consultation model is that attention to students' needs is immediate. Often times, the categorical, pull-out model requires considerable time and effort from the time of the initial referral, to testing and evaluation, to staffing and then to placement of the student into a special program or classroom. The collaborative consultation process begins when the person initiating the process discusses the matter with the consultant. Often times, formal assessment is not necessary because once learning or environmental adjustments are made, formal assessment is not necessary. Furthermore, the assessment process is functional and relevant to the student's needs rather than used to categorize and label him/her. Assessment is used in the consultative process to facilitate learning and socialization relative to the student's overall educational program. For example, assessment of the language impaired student is focused upon developmental vocabulary, syntax and social skills necessary to function adequately in the regular classroom.

This model also promotes professional growth and support through problem-solving, feedback and coaching of colleagues. This professional growth builds self-esteem in regular teachers,thus, increasing their beliefs that special students can function in the regular classroom. With teachers believing in their ability to work with these special students, teachers will be less likely to refer these students to special education. There is a growing body of evidence that improved knowledge and professional skills: (1) improve

teacher attitudes regarding the seriousness of children's problems, (2) improve understanding of children's problems, (3) reduce referral rates for psychoeducational evaluations, (4) improve academic performance, and (5) reduce behavioral difficulties (Zins, et al., 1988).

The collaborative consultative model has a strong preventative aspect because services are available to ALL children and parents early in the process. Early intervention of at-risk students is available in that it is based upon the principle of preventing problems from becoming serious or from ever occurring by enhancing the competence and knowledge of people who come into daily contact with the children and who are in a position to help them.

Consultation also affords a significant reduction and redirection of professional efforts and more efficient use of resources. By serving the special students in the regular classroom with a team effort, more children can be served at the same time and at a reduced cost. Categorical processing of students is very costly in terms of time invested in decision making and the delivery of services and resources needed to meet the special needs of these students. Consultation also facilitates improved use of student-teacher use of time through the use of various cognitive and social learning strategies.

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Benefits specific to speech and language impaired students are even more impressive. Nelson (1986) in advocating this open systems approach for students with speech and language disorders, views the child interacting and functioning within a dynamic system. Contrasted with the traditional medical-etiologic model which sees unitary causes for behaviors; the consultative model views intervention as a planned process of creating a stable system of language behaviors across disciplines and caretakers. Bloom (1986) further argues for this synergistic model of language, stating that linguistic acquisition is also a dynamic process whereby new information transforms new information and is transformed by old information. Because language and speech occur in a naturalistic context, it should be taught in naturalistic contexts. The consultative model allows therapy to be focused upon multiple behaviors that are developmentally appropriate to the child and to the context in which the child is trained.

A second benefit specifically in terms of speech and language services is that the consultative model affords special students and at risk students in the classroom an opportunity to actively develop cognitive and communication strategies and behaviors that help them to cope in a variety of academic and social contexts. The speech-language pathologist, through the consultation model, would introduce language strategies which foster metalinguistic, metacognitive and metamemory skills. These strategies for language learning would be taught within the academic and social environment of the classroom thus connecting the learning to the academics.

Speech-language pathologists have expertise in the pragmatic or socialization area of language. Students with special needs often have socialization difficulties because their language disorder impairs their ability to understand and response to both spoken and nonverbal language cues in social situations. For example, language impaired students tend to have difficulty in conversation or discourse, problem solving, expressing feelings,

attitudes and beliefs, using language to persuade, influence and control, as well as, in understanding and expressing humor. These difficulties often manifest themselves as emotional or behavior problems within the academic setting. The consultation model affords the speech-language pathologist an opportunity to develop appropriate socialization skills in these students. Also, the students have their regular education classmates as mentors which is a very powerful motivator for them (Simon, 1987). Recent research (Huefner, 1988) has focused on the benefits that non disabled students gain from experiences with students with disabilities.

Gerber (1987) in reviewing several pilot collaborative programs in speech-language pathology at the elementary, high school, and university levels, highlights the benefits and advantages of these models. These pilot programs focused primarily on the development and implementation of preservice training of educators by speech-language pathologists as to the nature of language development and classroom discourse. Benefits noted at every level in the pilot programs include:

> increased teacher awareness of language disorders in children;
> increased referral of children for language therapy rather than speech therapy;
> consciousness-raising on the part of both speech-language pathologists and educators;
> heightened awareness of child language and its relationship to learning and development;
> increased teacher knowledge in observation and collection of children's speech and language patterns in the classroom; and
> more individualized training for students on the basis of shared information and enhanced understanding among professionals (p.118-120).

Gerber (1987) focuses on the critical importance of sharing information which enhances mutual understanding and respect, and ultimately benefits all children in the classroom.

Case Study

## DATA ANALYSIS AND DISCUSSION

The case study focuses on supporting benefits of the collaborative consultation model relative to the research on the current restructuring movement concerning the education of the speech and language impaired.

## Data sources

### Survey

During the 1992-93 school year, thirteen teachers in three schools from The School District of Lee County were surveyed using formulated questions adapted from the Florida Uniting Students with Exceptionalities (FUSE) project and the Collaborative Consultation Model.

## Case study Organization

The case study report is organized by:

- focusing on the data gathered during each survey (13) from each school (3);
- analyzing the data sets;
- drawing conclusions related to current research and the survey questions; and
- discussing implications for future collaborative service delivery models.

### Historical Perspective and Demographics of Lee County

**Geography**: A west coast county, Lee County's major city is Cape Coral. Lee County is divided by a sea inlet, in this case Pine Island Sound and Caloosahatchee River Basin. Lee County covers 803 square miles of land and its elevations range from 2 to 75 feet.

**Population:** Lee County ranks 12th in populations in the state, with an estimated 310,000 residents in 1992, a 30% increase in the 1985 figure. The population has grown rapidly , with a gain of 95% between 1980 and 1990. The urban population, growing at a rate of 123% between 1980 and 1990, is more than five times larger than the rural population, which grew by 17%. The population's median age is 42, with 22% under age 18 and 22% over the age of 64. The fastest growing age groups are ages 65 to 69 and 60 to 64. Lee County's population is 91% White, 8% Black, and 3% Hispanic.

**Federal Government:** During the fiscal year of 1992, the federal government had direct expenditures or obligations of $800,000,000 in the county, including $40,000,000 by the U.S. Department of Defense. The federal government provided $30,000,000 in grant awards; paid $37,000,000 in salaries and wages; made direct payments totaling 700,000,000 to individuals, including $560,000,000 in retirement and disability payments; awarded $8,000,000 in procurement contracts; and spent $3,000,000 in other expenditures and obligations. The federal government also provided $300,000 in direct loans and $2,500,000,000 in guaranteed loans and insurance.

**Public Education:** There is one school district with 30 elementary, 11 middle/junior, 7 other secondary, 2 combination elementary/secondary, 2 adult, 2 vocational, and 10 other types of schools. Public school enrollment for the fall of 1992 was 43,748. Approximately 75.5% of the students were White, 15% were Black, 8.5% Hispanic, and 1% Asian/Pacific Islander or American Indian/Alaskan native. Among the approximately 2,000 high school graduates in 1992, 58% planned to attend college. Expenditures per pupil in 1991-92 amounted to $3,400. In 1991-92 there were 2,496 teachers, with a mean annual salary of $26,789. Exceptional education students account for 13.1% of the total student population.

**NonPublic Education:** In 1991-92, there were 38 nonpublic schools with a total enrollment of 5,183.

**Individual Pilot Schools**

**Caloosa:** Caloosa Elementary had 1,150 students in 1992-93 school year with 13.5% of the students diagnosed as exceptional education students (ESE) with mild disabilities and .5% with moderate to severe disabilities. In 1992-1993, the school's mean expenditure for regular education students was $3,459.00, ESE student expenditure was $11,350.00 and $3,810.00 for at-risk students. Thirty six and six tenths percent of the total students were part of the free lunch program.

**Diplomat:** Diplomat Elementary had 1,243 students in 1992-93 school year with 12.1% of the students diagnosed as exceptional education students (ESE) with mild disabilities and 1.1% with moderate to severe disabilities. In 1992-1993, the school's mean expenditure for regular education students was $3,291.00, ESE student expenditure $7,199.00 and $0.00 for at-risk students. Forty eight and five tenths percent of the total students were part of the free lunch program.

**Suncoast:** Suncoast Elementary had 877 students in 1992-93 school year with 16.3% of the students diagnosed as exceptional education students (ESE) with mild disabilities and 1.2% with moderate to severe disabilities. In 1992-1993, the school's mean expenditure for regular education students was $3,993.00, ESE student expenditure $12,147.00 and $4,565.00 for at-risk students. Eighty three and one tenth percent of the total students were part of the free lunch program.

**Note:** The district average for ESE student per school is 12.6% for mild and .5% for moderate/severe. The state average for ESE students per school is 12.0% and 1.7% respectively.

**Background: Pilot Schools**

Prior to meeting with prospective teachers for the pilot project, each principal was introduced to the collaborative consultation model and asked if his/her school would like to participate. After receiving administrative approval, each of schools was introduced to the collaborative consultation model at a weekly faculty meeting. At these faculty meetings volunteers were solicited from speech and language specialists (SLP) and the kindergarten teachers. The SLPs at Caloosa, Diplomat, and Suncoast volunteered for the pilot program. The kindergarten teachers at Diplomat and Caloosa volunteered for the program while the kindergarten teachers at Suncoast were directed by the principal to take part in the pilot study. Each SLP and kindergarten teacher was conferenced on a monthly basis by the consultative SLP to discuss student progress and ways of improving the use of the cooperative consultation model with his/her class setting.

**Note:** No formal training was given on the cooperative consultation model prior to its use in the classrooms. All teacher education, regarding the model, was received as on-the-job training. It must also be noted that only Diplomat and Caloosa were considered as a totally volunteer schools. The teachers at Suncoast were directed by the principal that the school would take place in the pilot program after nonsupport by the faculty.

**Data Analysis: Survey**

The survey sampled data from teachers in eight areas of concentration. These eight areas included: communication; personal growth; professional development; academic aspects; social/emotional student variables; program variables; parent variables; and formal documentation.

The areas are defined as following:

**Communication** sampled the communication variables between regular and special education teachers;

**Personal growth** sampled teacher morale and ESE services;

**Professional development** sampled teacher training;

**Academic aspects** sampled educational effects of collaborative consultation on regular and special education students;

**Social/emotional student variables** sampled student self-esteem, motivation and the interaction between regular and special education students;

**Program variables** sampled the effects on the management behavior of teachers and the range of options available to the special education students;

**Parent variable** sampled the effects on parent and volunteer involvement; and

**Formal documentation** sampled the number of students served, referrals and miscellaneous comments.

**Communication**

The analyzed survey data showed a significant increase (>90%) in communication patterns, social interaction and changes in roles and responsibilities between the regular and special education teachers and across special education disciplines. According to Gerber (1987), focusing on the critical importance of sharing information will enhance mutual understanding and respect, and ultimately benefit all children in the classroom. Thus, interaction and communication skills, problem solving strengths, and personal-cooperative characteristics are essential to successful execution of the collaborative consultation model (Coufal, 1993).

**Personal Growth**

According to the survey data, there was a increase (>62%) in the morale and personal satisfaction among the teachers concerning the collaborative consultation model .

Seventy percent of the teachers felt that ESE services were being appropriately provided in the collaborative consultation setting. It must be noted that the percentage of morale and personal satisfaction decreased among the schools that did not volunteer for the pilot program.

Research shows that although Public Law 94-142 (PL 94-142) called for special students to be served in the "least restrictive environment," which meant mainstreaming them into the regular classrooms for a portion of the school day, it was the Regular Education Initiative (REI), based upon the research regarding the social and psychological cost of labeling students and the weak effects of instructional practices in special education, which called for a unitary system of education where special students' needs are best met in the regular classroom with supportive, consultative services provided in the regular class (Will, 1986). The REI has also led the National Association of State Boards of Education to call for a unitary system of education and the creation of policies at the state level that support the unitary system. In such a system, regular and special education teachers provide mutual support to one another and together furnish students more complete, integrated services (McNulty, 1992).

According to Coufal (1993), collaborative consultation has become a preferred method of planning and problem solving appropriate for the delivery of speech-language services within educational settings.

**Professional Growth**

Even though formal training on the collaborative consultation model was not offered, there was a significant approval rating (>84%) for the on-site training and assistance offered to the participating teachers by the county resource personnel.

This model also promotes professional growth and support through problem-solving, feedback and coaching of colleagues. This professional growth builds self-esteem in regular teachers, increasing their beliefs that special students can function in the regular classroom. With teachers believing in their ability to work with these special students, teachers will be less likely to refer these students to special education. There is a growing body of evidence that improved knowledge and professional skills: (1) improve teacher attitudes regarding the seriousness of children's problems, (2) improve understanding of children's problems, (3) reduce referral rates for psychoeducational evaluations, (4) improve academic performance, and (5) reduce behavioral difficulties (Zins, et al., 1988).

Collaborative consultation affords a significant reduction and redirection of professional efforts and more efficient use of resources. By serving the special students in the regular classroom with a team effort, more children can be served at the same time and at a reduced cost. Categorical processing of students is very costly in terms of time invested in decision making and the delivery of services and resources needed to meet the special needs of these students. Consultation also facilitates improved use of student-teacher use of time through the use of various cognitive and social learning strategies.

**Academic Aspects**

The teachers involved in the pilot study concluded that the regular and special education students made positive academic gains. These gains were assessed within the classroom environment. Assessment is used in the consultative process to facilitate learning and socialization relative to the student's academic program. For example, assessment of the language impaired student is focused upon developmental vocabulary, syntax and social skills necessary to function adequately in the regular classroom.

The collaborative consultation model further affords special students and at risk students an opportunity to actively develop cognitive and communication strategies and behaviors that help them to cope in a variety of academic and social contexts. These strategies for language learning would be taught within the academic and social environment of the classroom thus connecting the learning to the academics. Gerber (1987) proposes that educators' knowledge of curricular and academic information, coupled with speech-language pathologists' strong language and phonology base, would foster greater gains in student achievement.

Studies comparing mainstreamed and segregated students with handicapping conditions support the fact that mainstreamed students have higher academic means than the students in segregated programs. Studies conclude that full and part time regular class placement was more beneficial for student achievement, self-esteem, behavioral and emotional adjustments (Gartner and Lipsky, 1992).

Standardized tests were not administered at the kindergarten level at any of the schools. For future longitudinal study, standardized tests should be administered at the beginning and ending of the school calendar year.

**Social/Emotional Student Variables**

The survey data showed a significant increase (>80%) in self-esteem, motivation, classroom social interaction coupled with a significant decrease (>84%) in stigmatization of students with disabilities by the regular classroom teacher and students.

Since the 1960s, students with special needs have been served in pull-out or resource programs and served in segregated classes which have often been criticized as being racially biased, instructionally ineffective, and socially and psychologically damaging (Skrtic, 1992). The collaborative consultative model fits well into the current educational restructuring movement because its goals are to expand educational options to ALL students and to do so in the least restrictive environment. The major focus of this collaborative effort proposes looking not to the child as the source of the problem but to the learning environment. It focuses upon restructuring teaching and learning in the classroom rather than creating a new environment by removing the child from the classroom. Teachers are viewed as learners rather than teachers, as they facilitate the learning process for ALL children. This model has a strong preventative orientation and is implemented on a systematic basis as an integral component of the educational system rather than as a tangential component. School systems across the country are adopting this collaborative consultation model with programs referred to as prereferral intervention, teacher-assistance teams, and building level support teams (Fullan, 1993).

Speech-language pathologists have expertise in the pragmatic or socialization area of language. Students with special needs often have socialization difficulties because their language disorder impairs their ability to understand and response to both spoken and nonverbal language cues in social situations. For example, language impaired students tend to have difficulty in conversation or discourse; problem solving; expressing feelings, attitudes and beliefs, using language to persuade, influence and control; and understanding and expressing humor. These difficulties often manifest themselves as emotional or behavior problems within the academic setting. The consultation model affords the speech-language pathologist an opportunity to develop appropriate socialization skills in these students.

**Program Variables**

Although some teachers felt that communication between teachers had increased significantly and teachers had to be more creative with respect to classroom management, their leadership role and management behaviors, as related to total school involvement, had not changed during the pilot project.

Teachers did observe that the collaborative consultation model had given them a larger and better range of options and support for themselves and students. The collaborative consultation model benefits all children, unites teaching and learning, advocates a strategies approach to learning, and, most importantly, is a preventative model.

There are many benefits inherent in the collaborative consultation model of service delivery. The major benefit is that the collaborative consultation expands educational options to students with special needs by providing a continuum of services, a variety of interventions, instructional techniques and reinforcement procedures. Educational options are also extended such that effective intervention plans include the direct teaching of skills and the manipulation of classroom variables to maximize academic performance (Zins, et al., 1988).

**Parent Variables**

Teachers noted that there were no changes in the amount of parent visitation and volunteerism. Parents were only involved in decision making through the annual IEP meetings or special meetings requested during the pilot project.

Assessment and treatment of children must be conducted under a partnership with parents, educators, and other professionals. Collaboration is a term used widely today to refer to the partnerships between scholars, researchers, teachers, administrators, community leaders and parents who share expertise to resolve problems in educational settings (Schubert, 1993).

In this collaborative consultative model of special and general education, teachers and parents work together sharing expertise in planning, implementing, and monitoring strategies to help students achieve success in the classroom. Collaborative consultation has become a preferred method of planning and problem solving appropriate for the delivery of speech-language services within educational settings (Coufal, 1993).

**Formal Documentation**

There were a total of 59 ESE students who took part in this pilot study within the 3 pilot schools.

The analysis of the survey data concluded that there was no significant change in the number of new ESE referrals reported during the duration of the pilot study. Zins, et al., (1988) reported results of a national survey of referral, testing and placement rates that revealed: (a) 3 to 5 percent of the school population is referred annually for consideration of special education; (b) of the students referred, 92 percent are tested for eligibility; and (c) of the students tested, 73 percent are placed in special education services (Algozzine, Christenson, & Ysseldyke, In Zins, et al., 1988). With teachers believing in their ability to work with these special students, teachers will be less likely to refer these students to special education. It must be noted that most referrals and dismissals from special programs occur during the beginning and ending of the schools calendar year and may not be reported during the short duration of a pilot study.

The survey data further concluded that teachers participating within a collaborative consultation model must be flexible and have more planning time, collaborative consultation reduces polarization between regular and special education teachers and students, and reduces the need for intervention and prevention of severe problems in the latter grades. These reactions were related to the teachers' willingness, expertise and enthusiasm for this pilot program.

## Conclusions and Implications for Future Research

In conclusion, the collaborative consultation model is a model of best practice for all children and particularly for language and speech impaired students. It is an eclectic model that supports an open systems approach, benefits all children, unites teaching and learning, advocates a strategies approach to learning, and most importantly, is a preventative model. Gerber (1987) proposes that educators' knowledge of curricular and academic information, coupled with speech-language pathologists' strong language and phonology base would foster greater gains in student achievement. The key, it would appear, is to convince school personnel of these benefits such that they will "buy into" the model. Hoskins (1990) offers guidelines for developing effective collaborative relationships relative to the redesigning of roles of the speech-language pathologist in the

educational setting. She suggests the following guidelines: (1 ) establishment of mutual concerns by everyone involved with the child, (2) development of a partnership between the collaborators and the child, and (3) collaborative planning (p. 33). She also focuses upon the speech-language pathologist's role as an effective change agent as she advocates the following: (1) acknowledgment of the validity of the practices to be changed; (2) emphasis upon how these changes will enhance the goals of the people involved; and (3) generation and coordination of a plan that will make teaching and learning easier (p. 35). This model fits well into the current restructuring movement because it is collaborative and inclusive. Once school personnel support the model, empirically based research studies should be designed and documented to support this approach as an effective treatment for children with communication disabilities (Coufal, 1993). We have learned much from our colleagues in school psychology who have pioneered this collaborative approach; however, there appears to be a need for considerable investigation and research into the model to determine its efficacy.

Results of this review of the case study suggest the following proposals for implementation of future collaborative models:

strong administrative support;
strong leadership at the school level;
school culture fostering collaborative relationships between staff, administration, and parents;
schools support with necessary resources, organizational changes, and communication networks;
program's collaborative members have shared goals, responsibilities, and language; and
pilot programs be developed on a volunteer basis, and
prior to developing a program, the staff and parents be inserviced in collaboration and consultation processes and methods.

Suggestions for future research of this service delivery model should focus upon:

pre-and post-test measures of students' academic, communication, and behavior skills;
dynamics of classroom discourse between the teacher, the speech-language pathologist, and the special education student;
studies of the impact of language therapy upon academic performance;
case study analyses of special students' performances over time in these models;

studies of teacher attitudes and perceptions of the collaborative process and of changes in student attitudes and achievement;
studies of special education students' changes in perception regarding self-efficacy (outcome expectations);
studies of the differential costs of resource, self-contained, and collaborative models of service delivery; and
longitudinal designs which follow children served in these models over a three to five year period.

It seems that within this restructuring movement, which changes the roles and responsibilities of special and general education staff, there is a prime opportunity, through the collaborative consultation model, to ensure that schools are effective for ALL children in a unified system.

In closing, Skrtic (1992) states the following:

> ...the successful school in the 21st century will be one that produces liberally educated young people who can work responsibly and interdependently under conditions of uncertainty. It will do this by promoting in its students a sense of social responsibility, an awareness of interdependency, and an appreciation of uncertainty. It will achieve these things by developing students' capacity for experiential learning through collaborative problem solving and reflective discourse within a community of interests. The successful school in the post industrial era will be one that achieves excellence and equity simultaneously—indeed, one that recognizes equity as the way to excellence (p.233).

## SURVEY DATA REPORTS

**No. of Schools : *3*** **No. of Teachers: *13***

### COMMUNICATION

**Have you noticed an increase in the communication patterns between regular and special education teachers?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Significant increase | 1/50% | 2/50% | 4/57.1% | 7/53.8% |
| Somewhat increased | 1/50% | 2/50% | 2/28.6% | 5/38.5% |
| Little increase | | | 1/14.3 | 1/7.7% |

**Would you say there is more social interaction between teachers since the onset of the collaboration project?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Significantly more | 1/50% | 2/50% | 3/42.9 | 6/46.2% |
| Somewhat more | 1/50% | 2/50% | 4/57.1 | 7/53.8% |
| No more | | | | |

**Have you noticed an increase in communication patterns across special education disciplines?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Significant increase | | 2/50% | 2/28.6% | 4/30.8% |
| Somewhat increased | 2/100% | 2/50% | 4/57.1% | 8/61.5% |
| Little increase | | | 1/14.3% | 1/7.7% |
| None | | | | |

**Do you think there has been an increase, decrease, or no change in the awareness of cross-discipline roles and responsibilities?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Increase | 2/100% | 4/100% | 4/71.4% | 10/84.6% |
| Decrease | | | 1/14.3% | 1/7.7% |
| No change | | | 1/14.3% | 1/7.7% |

## PERSONAL GROWTH

**Would you describe the morale of the teachers as higher, lower, or the same as compared to the before initiation of the collaboration project in your school?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Higher | 2/100% | 3/75% | 3/42.9% | 8/61.5% |
| Lower | | | | |
| Same | | 1/25% | 4/57.1% | 5/38.5% |

Comments:
S1. Eventually higher as program became an integral portion of school day.
S7. This time of year morale is always somewhat lower.

**Are you satisfied with the ESE services being provided in your school? Do you think the regular and special and education teachers are satisfied?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 1/50% | 4/100% | 4/57.1% | 9/69.2% |
| No | 1/50% | | 3/42.9% | 4/30.8% |

Comments:
C2. I think that there is always room for improvement.
S2. I don't feel the regular ed. teachers care one way or the other. I would say the special education teachers are not satisfied.
S4. I think more personnel is needed to handle the workload, especially with the services that are here now.
S6. I think ESE teachers must always look for improvement.
S7. I think all of us are very frustrated, over-worked, too little time, never done, and jobs that need our attention.

## PROFESSIONAL DEVELOPMENT

**Would you say that the teachers involved in this project have been trained adequately to provide the collaborative services? If No, please explain your response.**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 2/100% | 3/75% | 6/85.7% | 11/84.6% |
| No | | 1/25% | 1/14.3% | 2/15.4% |

Comments:

C2. More aide training would have been helpful to assist in meeting student goals.
D2. I feel that the teachers, although currently successful, could have training to help combine objectives to meet the needs of both types of curriculum.
D3. There was no training. We just worked on developing a collaborative plan ourselves.

## ACADEMIC ASPECTS

**How would you describe the effect of the collaboration program on the regular education students in your class?**

C1. It helped them as some were included in the group at the beginning.
C2. More children were provided with more small group instruction.
D1. I get more small group time with both regular and ESE students.
D2. The regular classroom students are very supportive of the other students in the room. They are eager to help and gain reinforcement of certain academics and positive behaviors from these students.
D3. They benefited from having the help of another adult in the classrooms.
D4. The students are making nice progress and it helps me to reinforce these areas throughout the day.
S1. Increase language ability that directly transferred to their ability in reading.
S2. They seem to be more aware of why I was working with the students. They became more aware of their problems.
S3. Most students in a normal setting retain differently than a child in a special setting.
S4. No answer.
S5. No answer.
S6. I think that extra attention and concern of the teacher motivates the children to practice their language and sound problems.
S7. Very little change. I had to use much needed and very little prep to do the paperwork. ESE is very heavy in paperwork.

**Has there been growth in standardized or academic grading for your ESE students?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 1/50% | 3/75% | 4/57.1% | 8/61.5% |
| No | | | 2/28.6% | 2/15.4% |
| N/A | 1/50% | 1/25% | 1/14.3% | 3/23.1% |

Comments:
C1. I don't know; we don't test (standardized) in kindergarten.
C2. Significant improvement in language skills.
D1. Skills taught have been reinforced.
D4. For most students.
S2. Several students no longer quality for services.
S6. I have seen growth in self-confidence.
S7. We do none at my level.

**Do you as a regular education teacher feel positive about the successes that the ESE students have made?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 1/50% | 4/100% | 6/85.7% | 11/84.6% |
| No | | | 1/14.3% | 1/7.7% |
| N/A | 1/50% | | | 1/7.7% |

Comments:
C1. I feel my student has made significant advances.
D1. We are after one goal, the child. Any team work we can show will only benefits the students. My children have made a lot of progress.
S2. They are much more confident and sure of themselves.
S7. This student has not made sufficient progress for first grade. His mother blames me and everyone else and has talked to both of my principals about it without the advantage of me being present.

## SOCIAL/EMOTIONAL STUDENT VARIABLES

**Have you seen any evidence that the ESE students' self-esteem has improved? Please give an example.**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 2/100% | 4/100% | 4/57.1% | 10/76.9% |
| No | | | | |
| N/A | | | 3/42.9% | 3/23.1% |

Comments:

C1. My student definitely feels better about herself when she has been successful at a task with the collaborator's help.

C2. Yes. Molly is very comfortable in her class setting and is very confident in class participation. Little signs of stress or frustration are noted.

D1. Children not in program are encouraging to children in program without my prompting. The ESE students don't feel any different and are very proud of themselves.

D2. The students learn behaviors from other students in the classroom and attempt to model these behaviors.

D3. I feel that they became very comfortable with working on speech improvements with other children.

D4. They show pride in their work and their accomplishments.

S1. These children did not give up this year while many did not begin performing the behaviors necessary to succeed in learning to read on the traditional timetable.

S2. They will attempt to do things or say things that before they wouldn't. They are definitely not as quick to say "I don't know" or "I can't".

S3. If a student's self-esteem and academic skills improved, sometimes they are placed back in a regular classroom.

S7. Despite what is reflected by the mother, he does not know he can achieve but he is very strong-willed.

**Do the students in the ESE program seem more motivated than they did since the initiation of the collaboration project in your school?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 2/100% | 2/50% | 7/100% | 11/84.6% |
| No | | | | |
| Unsure | | 2/50% | | 2/15.4% |

Comments:
D2. Cannot answer because I have participated in this program only a short time.

**How would you describe the interactions between regular education students and the children with disabilities in the mainstream setting?**

C1. The children in my room are very helpful and considerate of my students with disabilities.
C2. Regular education students have been excellent peer tutors. Sometimes they're too over protective.
D1. The interactions are no different.
D2. Excellent interaction skills have developed.
D3. Appropriate interaction.
D4. Appropriate interactions and acceptance from regular education students.
S1. They appear to be willing to interact since attending in the first grade.
S2. They were more understanding and tried to help.
S3. Children with disabilities probably would learn from a regular classroom setting also since motivation is the key figure to learning.
S4. The regular students seem to accept the students and make allowances for their actions.
S5. No answer.
S6. The other children are envious of the children who go to speech.
S7. They make no differentiation at kindergarten level.

**Would you say that the stigmatization often associated with disabilities has been reduced, increased or had no effect?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Reduced | 2/100% | 3/75% | 4/57.1% | 9/69.2% |
| Increased | | 1/25% | 1/14.3% | 2/15.4% |
| No effect | | | 1/14.3% | 1/7.7% |
| N/A | | | 1/14.3% | 1/7.7% |

Comments:
S1. Is a prerequisite to any new learning.....this willingness to participate is promising.
S2. It didn't draw the attention to the children by pulling them out of the room.
S3. Some counties are already mainstreaming.

**How would you describe the effect of the collaboration program on the regular education students?**

C1. Positive; they often learn right along with the student.
C2. Previously answered.
D1. Wonderful, they see a teamwork model among teachers. They are also exposed to another teaching style.
D2. I believe the regular education students have learned to help others more because of this program.
D3. The children have become more accepting of students with speech disorders.
D4. The students are helpful and supportive of these students.
S1. Regular education students have benefited by having an additional resource in their room.
S2. They got to know me and what I did and also used the centers that were made for their classrooms.
S3. I would say it depends on the class size and the individual teacher.
S4. No answer.
S5. No answer.
S6. They don't seem to notice.
S7. Takes time away from regular ed. students. At 1:27, odds were never great to begin with.

## PROGRAM VARIABLES

**Has your management/leadership behavior(s) changed since the initiation of the collaboration project in your school? If so, how?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 2/100% | 2/50% | 2/28.6% | 6/46.2% |
| No | | 2/50% | 5/71.4% | 7/53.8% |

Comments:
C1. More interaction between staff.
C2. Communication skills with peer teachers.
D1. I have had to be more creative in my management.
D4. The children are more supportive for one another and are team players.
S1. Fortunately, my background is in SLD and the collaboration model was something felt strongly could be an affective intervention tool.
S2. I don't think so.
S6. I make time to help those students who need extra speech and language.

**What is the difference between your range of options available to special students compared to non-collaboration schools?**

C1. (No answer.)
C2. More and better options for students, teachers, and ESE personnel.
D1. The collaboration gives me many more options to my teaching with the extra professional in the room.
D2. I believe the students now receive all options and additional support and assistance that is normally available in a regular classroom.
D3. The speech therapist can work on speech skills with work that we are currently doing in class.
D4. I feel with the program it's a double bonus for the children and the teachers. We are all team players.
S1. Merely not removing the child physically to provide needed resources opens the door to more options for teachers and students awareness of ESE and regular teacher's effort which is eventually result of collaboration has been a factor in child's progress.
S2. No answer.
S3. Special students need more individual needs met.
S4. No answer.
S5. No answer.
S6. I know what the speech student is working on.
S7. I have no idea—how are we to know?

## PARENT VARIABLES

**Have you noticed an increase, decrease or no change in the amount of visitations by parents to your classroom this year?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Increase | | | 3/42.9% | 3/23.1% |
| Decrease | | | | |
| No change | 2/100% | 4/100% | 4/57.1% | 10/76.9% |

Comments:
D1. The collaboration gives many more options to my teaching with the extra professional in the room.
D2. I believe that the students now receive all options and additional support and assistance that is normally available in a regular classroom.
D3. The speech therapist can work on speech skills with work that we are current doing in class.
D4. I feel with the program it's a double bonus for the children and teachers. We are all team players.

S1. Parent support when requested as children have begun achievement and rewards are forthcoming. Parents seem more willing to come to school and be involved.
S7. This parent has been very visible all year. Twice every day or more.

**Would you describe the amount of parent volunteer activity as increasing, decreasing or remaining the same this year?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Increase | | 2/50% | 3/42.9% | 5/38.4 |
| Decrease | | | 1/14.3% | 1/7.7% |
| No change | 1/50% | 2/50% | 3/42.9% | 6/46.2% |
| N/A | 1/50% | | | 1/7.7% |

Comments:
S1. Low parent activity.
S7. I explained with aide time-cut, we could not run the desired programs without help.

**Do parents at your school participate in the decision of student placement in the collaboration project?**

| | Caloosa | Diplomat | Suncoast | Mean |
|---|---|---|---|---|
| Yes | 2/100% | 1/25% | 3/42.9% | 6/46.2% |
| No | | 1/25% | 2/28.55% | 3/23.1% |
| No answer | | 2/50% | 2/28.55% | 4/30.7% |

Comments:
D2. Classroom was already established before my arrival.
S2. Only if they attend the IEP meeting
S3. By special meetings and etc.
S7. I presume they do. This parent does as pleases and accepts little advice regarding her child. Results are very discouraging to this teacher.

## FORMAL DOCUMENTATION

*• C1,C2 did not have a formal doc page*
*• S2,S3 did not have a formal doc page*

**How many students in your classroom are served on the collaborative model?**

| Caloosa | Diplomat | Suncoast |
|---|---|---|
| 1 | 30 | 28 |

**Has the number of ESE referrals decrease since last year.**

| | Caloosa<br>*• no data* | Diplomat | Suncoast<br>*• 2 no data teachers* | Mean<br>*obtained on 9* |
|---|---|---|---|---|
| reduced | | | 1/14.3% | 1/11.1% |
| increased | | | 1/14.3% | 1/11.1% |
| no change | | 4/100% | 3/42.9% | 7/77.8% |

**Do you have any other perception or comments that you feel are important and should be shared with the research in order to improve the service delivery through the collaborative/teaming model?**

D1. I believe you have to have two flexible people to make this work. I believe the classroom teacher can learn a lot to continue the teaching when team member has gone. It has made me a better teacher.
D2. More planning time should be available between teachers to best meet student needs.
D3. I have noticed significant progress in my children's' speech.
D4. I like the idea of incidental teaching for students that are not in this program but need the same skill (concept) reinforced.
S1. Two areas are addressed under this mode that severely inhabit effectiveness of ESE—reduced polarization that exists between ESE and regular teachers and intervention and prevention of more severe problems for a child in the latter grades. Both objectives were accomplished due to teacher's willingness, expertise and enthusiasm for this program. I would like to see it continue.
S4. I have enjoyed sharing with the team and I think it has been good for the students to see the speech teacher and their regular teacher working together.
S5. No comment.
S6. No comment.
S7. Much more 1:1 time for planning, implementation, feedback, etc., must be built into the program. I feel like it was a shotgun approach. Downtown must plan better.

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Appendixes

November 22, 1992

Dr. Larry Tihen
Director, Exceptional Student Education
The School District of Lee County
2523 Market Street
Fort Myers, FL 33901-3911

Dear Dr. Tihen,

Enclosed is the research proposal that we discussed with you and the University of South Florida staff in September regarding the Cooperative Consultation service delivery model.

Please review it, share it with the appropriate members of the administration and let us know if and when we may proceed with the research. Your comments and suggestions are sincerely welcomed and appreciated.

We are looking forward to proceeding with this research proposal because we are very excited about the potentials this model holds for both exceptional students and the school staff who are working collaboratively with us in the successful implementation of this model.

Sincerely,

Carolyn Ford and Lauren Lovell
Consultative Teachers
School District of Lee County

cc: Dr. Donnie Evans

Enclosure

November 22, 1992

**Research Proposal**

Carolyn Ford and Lauren Lovell, graduate research assistants for the Special Education Department at the University of South Florida and Consultative Teachers with the School District of Lee County Exceptional Student Education Department propose to conduct a research study of the Cooperative Consultation model currently utilized as a service delivery system for mild to moderately handicapped students in the School District of Lee County. The research will be conducted as a longitudinal study over a two to three year period. Student, teacher, parent, and administrative variables will be addressed. All participation will be on a voluntary basis.

The four elementary schools targeted for this study will include Alva, Diplomat, Heights, and Suncoast. These schools present diverse student populations when considering the factors of socioeconomic status, population density, ethnicity, and stability and mobility. Research will be conducted through a variety of methods which include interviews, observations, surveys, and the review of cumulative records and standardized test scores. The variables to be considered are related to students, teachers, parents, and program. The identities of participants in this study will be strictly confidential.

The issues of concern to the researchers are: Does the Cooperative Consultation service delivery model enhance student outcomes as they apply to academic achievement and personal/social development? Does the Cooperative Consultation service delivery model increase collegial relationships between exceptional student education teachers and general education teachers? Is the Cooperative Consultation service delivery model cost effective?

The researchers see many benefits from conducting this study. It will provide the University of South Florida and the School District of Lee County with valuable data as to the effectiveness of the program. It will also provide a means of documentation and accountability for the District as to how it is meeting the needs of its Exceptional Student Education students. It will increase interdistrict communication as to the progress of a program that is viewed as a progressive trend my many professionals in the field of Exceptional Student Education.

Sincerely,

Carolyn S. Ford, M.A., CCC-SP
Consultative Teacher
Lauren Lovell, M. S.
Consultative Teacher

## COOPERATIVE CONSULTATION SURVEY FORM

**Teacher:**

**School:**

**Date:**

The following are questions related to the regular education and special education teachers who participated in the collaboration project.

### COMMUNICATION

Have you noticed an increase in the communication patterns between regular and special education teachers?

Significant increase Somewhat increased Little increase

Would you say there is more social interaction between teachers since the onset of the collaboration project?

Significantly more Somewhat more No more

Have you noticed an increase in communication patterns across special education disciplines?

Significant increase Somewhat increased Little increase None

Do you think there has been an increase, decrease, or no change in the awareness of cross-discipline roles and responsibilities?

Increase Decrease No change

### PERSONAL GROWTH

Would you describe the morale of the teachers as higher, lower, or the same as compared to the before initiation of the collaboration project in your school?

Higher Lower Same

Are you satisfied with the ESE services being provided in your school? Do you think the regular and special and education teachers are satisfied?

## PROFESSIONAL DEVELOPMENT

Would you say that the teachers involved in this project have been trained adequately to provide the collaborative services?

Yes No

If No, please explain your response.

## ACADEMIC ASPECTS

How would you describe the effect of the collaboration program on the regular education students in your class?

Has there been growth in standardized or academic grading for your ESE students?

Yes No

Comments:

Do you as a regular education teacher feel positive about the successes that the ESE students have made?

Yes No

Comments:

## SOCIAL/EMOTIONAL STUDENT VARIABLES

Have you seen any evidence that the ESE students self-esteem has improved? Please give an example.

Do the students in the ESE program seem more motivated than they did since the initiation of the collaboration project in your school?

Yes No

How would you describe the interactions between regular education students and the children with disabilities in the mainstream setting?

Would you say that the stigmatization often associated with disabilities has been reduced, increased or had no effect?

reduced increased no effect?

How would you describe the effect of the collaboration program on the regular education students?

**PROGRAM VARIABLES**

Has your management/leadership behavior(s) changed since the initiation of the collaboration project in your school? If so, how?

What is the difference between your range of options available to special students compared to non-collaboration schools?

**PARENT VARIABLES**

Have you noticed an increase, decrease or no change in the amount of visitations by parents to your classroom this year?

Increase Decrease No change

Would you describe the amount of parent volunteer activity as increasing, decreasing or remaining the same this year?

Increase Decrease No change

Do parents at your school participate in the decision of student placement in the collaboration project?

**FORMAL DOCUMENTATION**

How many students in your classroom are served on the collaborative model?

Has the number of ESE referrals decrease since last year.

reduced increased no change

Do you have any other perception or comments that you feel are important and should be shared with the research in order to improve the service delivery through the collaborative/teaming model?

## COOPERATIVE CONSULTATION SURVEY

**School:** ***Caloosa*** **No. of Teachers:** ***2***

### COMMUNICATION

**Have you noticed an increase in the communication patterns between regular and special education teachers?**

Significant increase 2
Somewhat increased 1
Little increase

**Would you say there is more social interaction between teachers since the onset of the collaboration project?**

Significantly more 2
Somewhat more 1
No more

**Have you noticed an increase in communication patterns across special education disciplines?**

Significant increase
Somewhat increased 1, 2
Little increase
None

**Do you think there has been an increase, decrease, or no change in the awareness of cross-discipline roles and responsibilities?**

Increase 1,2
Decrease
No change

### PERSONAL GROWTH

**Would you describe the morale of the teachers as higher, lower, or the same as compared to the before initiation of the collaboration project in your school?**

Higher 1, 2
Lower
Same

**Are you satisfied with the ESE services being provided in your school? Do you think the regular and special and education teachers are satisfied?**

Yes 1
No 2

Comments:
2. I think that there is always room for improvement.

## PROFESSIONAL DEVELOPMENT

**Would you say that the teachers involved in this project have been trained adequately to provide the collaborative services? If No, please explain your response.**

Yes 1,2
No

Comments:
2. More aide training would have been helpful to assist in meeting student goals.

## ACADEMIC ASPECTS

**How would you describe the effect of the collaboration program on the regular education students in your class?**

1. It helped them as some were included in the group at the beginning.
2. More children were provided with more small group instruction.

**Has there been growth in standardized or academic grading for your ESE students?**

Yes 2
No
N/A 1

Comments:
1. I don't know; we don't test (standardized) in kindergarten.
2. Significant improvement in language skills.

**Do you as a regular education teacher feel positive about the successes that the ESE students have made?**

Yes 1
No
N/A 2

Comments:
1. I feel my student has made significant advances.

## SOCIAL/EMOTIONAL STUDENT VARIABLES

**Have you seen any evidence that the ESE students' self-esteem has improved? Please give an example.**

Yes 1,2
No

Comments:
1. My student definitely feels better about herself when she has been successful at a task with the collaborator's help.
2. Yes. Molly is very comfortable in her class setting and is very confident in class participation. Little signs of stress or frustration are noted.

**Do the students in the ESE program seem more motivated than they did since the initiation of the collaboration project in your school?**

Yes 1, 2
No
Unsure

Comments:

**How would you describe the interactions between regular education students and the children with disabilities in the mainstream setting?**

1. The children in my room are very helpful and considerate of my students with disabilities.
2. Regular education students have been excellent peer tutors. Sometimes they're too over protective.

**Would you say that the stigmatization often associated with disabilities has been reduced, increased or had no effect?**

Reduced 1,2
Increased
No effect

**How would you describe the effect of the collaboration program on the regular education students?**

1. Positive; they often learn right along with the student.
2. Previously answered.

## PROGRAM VARIABLES

**Has your management/leadership behavior(s) changed since the initiation of the collaboration project in your school? If so, how?**

Yes 1,2
No

Comments:
1. More interaction between staff.
2. Communication skills with peer teachers.

**What is the difference between your range of options available to special students compared to non-collaboration schools?**

1. (No answer.)
2. More and better options for students, teachers, and ESE personnel.

## PARENT VARIABLES

**Have you noticed an increase, decrease or no change in the amount of visitations by parents to your classroom this year?**

Increase
Decrease
No change 1, 2

**Would you describe the amount of parent volunteer activity as increasing, decreasing or remaining the same this year?**

Increase
Decrease
No change 1
N/A 2

**Do parents at your school participate in the decision of student placement in the collaboration project?**

Yes 1,2
No

## FORMAL DOCUMENTATION

***1,2 NO FORMAL DOCUMENTATION PAGES!!!!***

**How many students in your classroom are served on the collaborative model?**

**Has the number of ESE referrals decrease since last year.**

reduced increased no change

**Do you have any other perception or comments that you feel are important and should be shared with the research in order to improve the service delivery through the collaborative/teaming model?**

## COOPERATIVE CONSULTATION SURVEY

**School:** ***Diplomat*** **No. of Teachers:** ***4***

### COMMUNICATION

**Have you noticed an increase in the communication patterns between regular and special education teachers?**

Significant increase 1, 4
Somewhat increased 2, 3
Little increase

**Would you say there is more social interaction between teachers since the onset of the collaboration project?**

Significantly more 1, 4
Somewhat more 2, 3
No more

**Have you noticed an increase in communication patterns across special education disciplines?**

Significant increase 1, 4
Somewhat increased 2, 3
Little increase
None

**Do you think there has been an increase, decrease, or no change in the awareness of cross-discipline roles and responsibilities?**

Increase 1, 2, 3, 4
Decrease
no change

### PERSONAL GROWTH

**Would you describe the morale of the teachers as higher, lower, or the same as compared to the before initiation of the collaboration project in your school?**

Higher 1, 2, 4
Lower
Same 3

**Are you satisfied with the ESE services being provided in your school? Do you think the regular and special and education teachers are satisfied?**

Yes 1,2,3,4

No

## PROFESSIONAL DEVELOPMENT

**Would you say that the teachers involved in this project have been trained adequately to provide the collaborative services? If No, please explain your response.**

Yes 1,2,4
No 3

Comments:
2. I feel that the teachers, although currently successful, could have training to help combine objectives to meet the needs of both types of curriculum.
3. There was no training. We just worked on developing a collaborative plan ourselves.
4. Yes

## ACADEMIC ASPECTS

**How would you describe the effect of the collaboration program on the regular education students in your class?**

1. I get more small group time with both regular and ESE students.
2. The regular classroom students are very supportive of the other students in the room. They are eager to help and gain reinforcement of certain academics and positive behaviors from these students.
3. They benefited from having the help of another adult in the classrooms.
4. The students are making nice progress and it helps me to reinforce these areas throughout the day.

**Has there been growth in standardized or academic grading for your ESE students?**

Yes 1, 2, 4
No
N/A 3

Comments: 1. Skills taught have been reinforced.
4. For most students.

**Do you as a regular education teacher feel positive about the successes that the ESE students have made?**

Yes 1, 2, 3, 4
No

Comments:
1. We are after one goal, the child. Any team work we can show will only benefits the students. My children have made a lot of progress.

## SOCIAL/EMOTIONAL STUDENT VARIABLES

**Have you seen any evidence that the ESE students' self-esteem has improved? Please give an example.**

Yes 1,2,3,4
No

Comments:
1. Children not in program are encouraging to children in program without my prompting. The ESE students don't feel any different and are very proud of themselves.
2. The students learn behaviors from other students in the classroom and attempt to model these behaviors.
3. I feel that they became very comfortable with working on speech improvements with other children.
4. They show pride in their work and their accomplishments.

**Do the students in the ESE program seem more motivated than they did since the initiation of the collaboration project in your school?**

Yes 1, 4
No
Unsure 2,3

Comments:
2. Cannot answer because I have participated in this program only a short time.

**How would you describe the interactions between regular education students and the children with disabilities in the mainstream setting?**

1. The interactions are no different.
2. Excellent interaction skills have developed.

3. Appropriate interaction.
4. Appropriate interactions and acceptance from regular education students.

**Would you say that the stigmatization often associated with disabilities has been reduced, increased or had no effect?**

Reduced 1, 3, 4
Increased 2
No effect?

**How would you describe the effect of the collaboration program on the regular education students?**

1. Wonderful, they see a teamwork model among teachers. They are also exposed to another teaching style.
2. I believe the regular education students have learned to help others more because of this program.
3. The children have become more accepting of students with speech disorders.
4. The students are helpful and supportive of these students.

## PROGRAM VARIABLES

**Has your management/leadership behavior(s) changed since the initiation of the collaboration project in your school?**

Yes 1,4
No 2,3

Comments:
1. I have had to be more creative in my management.
4. The children are more supportive for one another and are team players.

**What is the difference between your range of options available to special students compared to non-collaboration schools?**

1. The collaboration gives me many more options to my teaching with the extra professional in the room.
2. I believe the students now receive all options and additional support and assistance that is normally available in a regular classroom.
3. The speech therapist can work on speech skills with work that we are currently doing in class.
4. I feel with the program it's a double bonus for the children and the teachers. We are all team players.

## PARENT VARIABLES

**Have you noticed an increase, decrease or no change in the amount of visitations by parents to your classroom this year?**

Increase
Decrease
No change 1,2,3,4

Comments :
1. But a lot of positive feedback from parents about process of their children.
4. But supportive and other parents want their child in these classrooms.

**Would you describe the amount of parent volunteer activity as increasing, decreasing or remaining the same this year?**

Increase 1, 4
Decrease
No change 2, 3

**Do parents at your school participate in the decision of student placement in the collaboration project?**

Yes 4
No 3
No answer 1,2

Comments:
2. Classroom was already established before my arrival.

## FORMAL DOCUMENTATION

**How many students in your classroom are served on the collaborative model?**

1. 7
2. 8
3. 5 - 8
4. 7

**Has the number of ESE referrals decrease since last year?**

Reduced
Increased
No change 1, 2, 3, 4

**Do you have any other perception or comments that you feel are important and should be shared with the research in order to improve the service delivery through the collaborative/teaming model?**

1. I believe you have to have two flexible people to make this work. I believe the classroom teacher can learn a lot to continue the teaching when team member has gone. It has made me a better teacher.
2. More planning time should be available between teachers to best meet student needs.
3. I have noticed significant progress in my children's' speech.
4. I like the idea of incidental teaching for students that are not in this program but need the same skill (concept) reinforced.

**School:** ***Suncoast*** **No. of Teachers:** ***7***

## COMMUNICATION

**Have you noticed an increase in the communication patterns between regular and special education teachers?**

Significant increase 1, 2, 4, 6

Somewhat increased 5, 7

Little increase 3

**Would you say there is more social interaction between teachers since the onset of the collaboration project?**

Significantly more 1, 2, 6

Somewhat more 3, 4, 5, 7

No more

**Have you noticed an increase in communication patterns across special education disciplines?**

Significant increase 1, 6

Somewhat increased 2, 4, 5, 7

Little increase 3

None

**Do you think there has been an increase, decrease, or no change in the awareness of cross-discipline roles and responsibilities?**

Increase 1, 4, 5, 6, 7

Decrease 3

No change 2

Comments:
1. Increase in awareness primarily as a result of inclusion of ESE teacher and students in classroom rather than traditional pull-out which are exclusive by nature.

## PERSONAL GROWTH

**Would you describe the morale of the teachers as higher, lower, or the same as compared to the before initiation of the collaboration project in your school?**

Higher 1, 3, 4
Lower
Same 2, 5, 6, 7

Comments:
1. Eventually higher as program became an integral portion of school day.
7. This time of year morale is always somewhat lower.

**Are you satisfied with the ESE services being provided in your school? Do you think the regular and special and education teachers are satisfied?**

Yes 1,3, 4, 5
No 2, 6, 7

Comments:
2. I don't feel the regular ed. teachers care one way or the other. I would say the special education teachers are not satisfied.
4. I think more personnel is needed to handle the workload, especially with the services that are here now.
6. I think ESE teachers must always look for improvement.
7. I think all of us are very frustrated, over-worked, too little time, never done, and jobs that need our attention.

## PROFESSIONAL DEVELOPMENT

**Would you say that the teachers involved in this project have been trained adequately to provide the collaborative services? If No, please explain your response.**

Yes 1, 2, 3, 5, 6, 7
No
N/A 4

## ACADEMIC ASPECTS

**How would you describe the effect of the collaboration program on the regular education students in your class?**

1. Increase language ability that directly transferred to their ability in reading.

2. They seem to be more aware of why I was working with the students. They became more aware of their problems.
3. Most students in a normal setting retain differently than a child in a special setting.
4. No answer.
5. No answer.
6. I think that extra attention and concern of the teacher motivates the children to practice their language and sound problems.
7. Very little change. I had to use much needed and very little prep to do the paperwork. ESE is very heavy in paperwork.

**Has there been growth in standardized or academic grading for your ESE students?**

Yes 1, 2, 3, 6
No 4, 5
N/A 7

Comments:
2. Several students no longer quality for services.
6. I have seen growth in self-confidence.
7. We do none at my level.

**Do you as a regular education feel positive about the successes that the ESE students have made?**

Yes 1, 2, 3, 4, 5, 6
No 7

Comments:
2. They are much more confident and sure of themselves.
7. This student has not made sufficient progress for first grade. His mother blames me and everyone else and has talked to both of my principals about it without the advantage of me being present.

## SOCIAL/EMOTIONAL STUDENT VARIABLES

**Have you seen any evidence that the ESE students self-esteem has improved? Please give an example.**

Yes 1,2,3, 7
No
N/A 4, 5, 6

Comments:
1. These children did not give up this year while many did not begin performing the behaviors necessary to succeed in learning to read on the traditional timetable.

2. They will attempt to do things or say things that before they wouldn't. They are definitely not as quick to say "I don't know" or "I can't".
3. If a student's self-esteem and academic skills improved, sometimes they are placed back in a regular classroom.
7. Despite what is reflected by the mother, he does not know he can achieve but he is very strong-willed.

**Do the students in the ESE program seem more motivated than they did since the initiation of the collaboration project in your school?**

Yes 1, 2, 3, 4, 5, 6, 7
No

**How would you describe the interactions between regular education students and the children with disabilities in the mainstream setting?**

1. They appear to be willing to interact since attending in the first grade.
2. They were more understanding and tried to help.
3. Children with disabilities probably would learn from a regular classroom setting also since motivation is the key figure to learning.
4. The regular students seem to accept the students and make allowances for their actions.
5. No answer.
6. The other children are envious of the children who go to speech.
7. They make no differentiation at kindergarten level.

**Would you say that the stigmatization often associated with disabilities has been reduced, increased or had no effect?**

Reduced 1, 2, 5, 7
Increased 3
No effect 6
N/A 4

Comments:
1. Is a prerequisite to any new learning.....this willingness to participate is promising.
2. It didn't draw the attention to the children by pulling them out of the room.
3. Some counties are already mainstreaming.

**How would you describe the effect of the collaboration program on the regular education students?**

1. Regular education students have benefited by having an additional resource in their room.

2. They got to know me and what I did and also used the centers that were made for their classrooms.
3. I would say it depends on the class size and the individual teacher.
4. No answer.
5. No answer.
6. They don't seem to notice.
7. Takes time away from regular ed. students. At 1:27, odds were never great to begin with.

**PROGRAM VARIABLES**

**Has your management/leadership behavior(s) changed since the initiation of the collaboration project in your school? If so, how?**

Yes 1, 6
No 2, 3, 4, 5, 7

Comments:
1. Fortunately, my background is in SLD and the collaboration model was something felt strongly could be an affective intervention tool.
2. I don't think so.
6. I make time to help those students who need extra speech and language.

**What is the difference between your range of options available to special students compared to non-collaboration schools?**

1. Merely not removing the child physically to provide needed resources opens the door to more options for teachers and students awareness of ESE and regular teacher's effort which is eventually result of collaboration has been a factor in child's progress.
2. No answer.
3. Special students need more individual needs met.
4. No answer.
5. No answer.
6. I know what the speech student is working on.
7. I have no idea—how are we to know?

**PARENT VARIABLES**

**Have you noticed an increase, decrease or no change in the amount of visitations by parents to your classroom this year?**

Increase 1, 3, 4
Decrease
No change 2, 5, 6, 7

Comments:
1. Parent support when requested as children have begun achievement and rewards are forthcoming. Parents seem more willing to come to school and be involved.
7. This parent has been very visible all year. Twice every day or more.

**Would you describe the amount of parent volunteer activity as increasing, decreasing or remaining the same this year?**

Increase 3, 4, 7
Decrease 6
No change 1, 2, 5

Comments:
1. Low parent activity.
7. I explained with aide time-cut, we could not run the desired programs without help.

**Do parents at your school participate in the decision of student placement in the collaboration project?**

Yes 1, 3, 6
No 2, 5
N/A 4, 7

Comments:
2. Only if they attend the IEP meeting
3. By special meetings and etc.
7. I presume they do. This parent does as pleases and accepts little advice regarding her child. Results are very discouraging to this teacher.

## FORMAL DOCUMENTATION

*No. 2 did not have a formal doc page*
*No. 3 did not have a formal doc page*

**How many students in your classroom are served on the collaborative model?**

1. 12
4. 6
5. 4
6. 4
7. 1

**Has the number of ESE referrals decrease since last year?**

Reduced 1
Increased 7
No change 4, 5, 6

**Do you have any other perception or comments that you feel are important and should be shared with the research in order to improve the service delivery through the collaborative/teaming model?**

1. Two areas are addressed under this mode that severely inhabit effectiveness of ESE—reduced polarization that exists between ESE and regular teachers and intervention and prevention of more severe problems for a child in the latter grades. Both objectives were accomplished due to teacher's willingness, expertise and enthusiasm for this program. I would like to see it continue.
4. I have enjoyed sharing with the team and I think it has been good for the students to see the speech teacher and their regular teacher working together.
5. No comment.
6. No comment.
7. Much more 1:1 time for planning, implementation, feedback, etc., must be built into the program. I feel like it was a shotgun approach. Downtown must plan better.

PHOTO RELEASE

SCHOOL DISTRICT OF LEE COUNTY

EXCEPTIONAL STUDENT EDUCATION

The Communication Disorders Department and Diplomat Elementary School are currently piloting a new service delivery model for the speech and language impaired students in Lee County. This model, called the Cooperative Consultation Model, is designed whereby the students who are receiving speech and language therapy are being served in the regular classroom rather than being pulled out for small group therapy services. The speech-language pathologist, consultative teacher from ESE and the regular classroom teacher work in a cooperative, collaborative effort in planning, implementing and monitoring student services and goals for the students who are enrolled in the speech and language program. The program has many positive benefits for all of our students.

We are currently developing a slide presentation of this successful model and would like your permission to use photos of your child in the presentation. The photos will be used to enhance the community's awareness and understanding of speech and language impaired students, their needs, and the programming/activities provided or sanctioned by the School District of Lee County and may be used for professional meetings. The teachers and staff involved in the pilot project are very excited about its potentials and would appreciate your permission to use your child's photo in the presentation. Please sign below and have your child return this form to his teacher by Monday, December 7, 1992. We really appreciate your support!

---

I/We hereby authorize the School District of Lee County to photograph or have photographed my child or ward _____. I understand that these photos will be used to enhance the community's awareness and understanding of speech and language impaired students, their needs, and the programming/activities provided or sanctioned by the School District of Lee County and may be used for professional meetings.

## COOPERATIVE PLAN MONITOR FORM

Date of Student/Course comparison: _____

COURSE: _____ STUDENT: _____

TEACHER: _____ SUPPORT STAFF: _____

| PROBLEM AREA(S) | ALTERNATIVE(S) TO BE TRIED (Plan)<br>Are there others in the class with similar problems? | PERSON RESPONSIBLE |
|---|---|---|
| | | |

MONITORING QUESTIONS TO BE ADDRESSED

| DATE | Time Req'd. | OUTCOMES, COMMENTS AND LOG OF EVENTS |
|---|---|---|
| | | |
| | | |
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# STUDENT INVENTORY (Elementary Level)

Date Reviewed _____

Student: _____ Exceptionality: _____ Age: _____ Grade: K 1 2 3 4 5

School: _____ Exceptional Ed. Teacher: _____

Basic Achievement: Reading Level: _____ Source: _____ Math Level: _____ Source: _____

Exceptional Education Support:

Less than 1 hr./day _____ 1-3 hours per day _____ More than 1/2 time _____

+ Strengths (commensurate with non-handicapped peers) O Weaknesses in regular class settings

## INFORMATION INPUT
(How Student Learns)

_____ TEXTBOOK
_____ WORKSHEET
_____ WORKBOOKS
_____ ORAL PRESENTATION
_____ DISCUSSION
_____ A-V MATERIALS
_____ HANDS-ON EXPERIENCES
_____ OBSERVATION
_____ BOARD WORK (ORAL)
_____ BOARD WORK (COPYING)
_____ REFERENCE MATERIAL
_____ COMPUTERS

_____ TEACHER-DIRECTED ACTIVITY
_____ INDEPENDENT WORK
_____ PEER TUTORS
_____ WITH A TEACHER
_____ WITH AN AIDE
_____ IN A SMALL GROUP
_____ WITH THE WHOLE CLASS
_____ OTHER:

## INFORMATION OUTPUT
(How Student Responds)

ESSAY _____
WRITTEN REPORTS _____
SHORT ANSWER _____
CREATIVE WRITING _____
WORKSHEETS/WORKBOOKS _____

MULTIPLE CHOICE/MATCHING _____
TRUE/FALSE _____
MATH WORD PROBLEMS _____
COMPUTATION _____

DEMO./LAB. PROJECTS _____
ART OR MEDIA PROJECTS _____
MAPS, CHARTS OR GRAPHS _____
ORAL RESPONSES _____
ORAL REPORTS _____
GROUP DISCUSSION _____
BOARD WORK _____
DISCOVERY/CRITICAL THINKING _____
OTHER:

GENERAL SUGGESTIONS: _____

I.E.P. GOALS: _____

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## PROBLEM CHECKLIST

(Check only chronic difficulties which occur in the regular class.)

### LEARNING PROBLEMS

| | | * |
|---|---|---|
| _____ | Asking Questions in Class | 61 |
| _____ | Categorizing | 96 |
| _____ | Class Discussion | 26 |
| _____ | Completing Assignments | 25 |
| _____ | Following Directions | 23, 57 |
| _____ | Getting Started | 44 |
| _____ | Independent Work Skills | 18 |
| _____ | Learning from Demonstrations | 102 |
| _____ | Learning from Oral Presentation | 29 |
| _____ | Learning from Tape Recordings | 46 |
| _____ | Listening | 31, 56 |
| _____ | Mathematics | 34 |
| _____ | Oral Expression | 42 |
| _____ | Organization | 38 |
| _____ | Paying Attention | 8 |
| _____ | Reading Content Material | 40 |
| _____ | Recalling Specific Information | 16 |
| _____ | Remembering (general skills) | 93 |
| _____ | Seeing Relationships | 11, 49 |
| _____ | Staying on Task | 35 |
| _____ | Study Skills & Learning Strategies | 106 |
| _____ | Taking Notes | 108 |
| _____ | Taking Tests | 47, 109 |
| _____ | Thinking Skills | 92 |
| _____ | Transferring Information or Skills | 17 |
| _____ | Understanding Content Vocabulary | 55, 64, 75 |
| _____ | Working in Groups | 28 |
| _____ | Writing | 51, 103 |

* (Page numbers refer to the manual *Beyond Maladies and Remedies*)

### BEHAVIOR PROBLEMS

| | |
|---|---|
| Problems Associated with Motivation | 5 |
| General Behavioral Suggestions | 21 |

List behaviors which have been found to be troublesome for this student in his/her regular education classes. Rank these in order of importance (1 = top priority).

| Behavior | Rank |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Management technique(s) found helpful by other teachers:

_____

_____

_____

_____

_____

Manual dexterity (describe):_____

_____

Classroom organization needed:_____

_____

Effective rewards and reinforcers:_____

_____

Medical, physical or sensory problems:_____

_____

_____

Hall behavior (describe):_____

_____

Playground/recess behavior:_____

_____

Social skills and peer acceptance: _____

_____

Describe reponses to authority:_____

_____

_____

_____

COMMENTS (Include preferences parents have voiced regarding methods, home routines or support to be given):

## Class Description
## (Elementary Primary Level)
## (K - 2 grades)

_____ Today's Date

_____ Date Reviewed

Teacher _____ Grade _____ Room _____

School _____ Exceptional Education Teacher Completing Interview _____

Preferred Contact Method (How and Where) _____

General Goal (s) for Students in Class: _____

✓ Techniques used in class  * Used most frequently  (Leave blank if not applicable)

**INFORMATION INPUT**
(Instructional methods)

_____ HANDS-ON EXPERIENCES
_____ DISCUSSION
_____ ORAL PRESENTATION
_____ TEXTBOOK
_____ WORKSHEET
_____ WORKBOOKS
_____ A-V MATERIALS
_____ OBSERVATION
_____ BOARD WORK (ORAL)
_____ BOARD WORK (COPYING)
_____ COMPUTERS

_____ TEACHER-DIRECTED ACTIVITY
_____ INDEPENDENT WORK
_____ INA SMALL GROUP
_____ WITH THE WHOLE CLASS
_____ WITH A TEACHER
_____ WITH AN AIDE/VOLUNTEER
_____ PEER TUTORS
_____ OTHER: _____

**INFORMATION OUTPUT**
(Types of assignments)

WRITTEN ASSIGNMENTS _____
SHORT ANSWER _____
STORY WRITING _____
WORKSHEETS/WORKBOOKS _____

MULTIPLE CHOICE/MATCHING _____
TRUE/FALSE _____
MATH WORD PROBLEMS _____
COMPUTATION _____
SHORT PAPERS _____

ART OR MEDIA PROJECTS _____
MAPS & GRAPHS _____
ORAL RESPONSES _____
ORAL REPORTS _____
GROUP DISCUSSION _____
FLIP CHART/BOARD WORK _____
DISCOVERY/CRITICAL THINKING _____
DEMO/LAB PROJECTS _____
OTHER: _____ _____

GRADING CRITERIA: _____

EXTRA CREDIT AND OTHER ADAPTATIONS MADE IN THIS CLASS: _____

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## PROBLEM CHECKLIST

(Check only items of the highest priority in the regular class.)

### ACADEMIC SKILLS NEEDED

____ Asking questions in class
____ Categorizing
____ Class discussion
____ Completing assignments
____ Following directions
____ Getting started
____ Independent work skills
____ Learning from demonstrations
____ Learning from oral presentations
____ Learning from tape recordings
____ Listening
____ Mathematics
____ Oral expression
____ Organization
____ Paying attention
____ Reading content material
____ Recalling specific information
____ Remembering (general skills)
____ Seeing relationships
____ Staying on task
____ Study skills and learning strategies
____ Taking notes
____ Taking tests
____ Thinking skills
____ Transferring information or skills
____ Understanding content vocabulary
____ Working in groups
____ Writing

### BEHAVIOR SKILLS NEEDED

List behaviors which are most important for students in this class. Rank these in order of importance (1 = top priority).

| Behavior | Rank |
|---|---|
| | |
| | |
| | |
| | |
| | |

Management technique(s) found helpful:

Transition skills perferred: _____

Manual dexterity needed: _____

Classroom organization needed: _____

Rewards and reinforcers used: _____

Homework policy: _____

Make-up work policy: _____

Quiet time behavior: _____

Hall behavior: _____

Playground/recess behavior: _____

Social skills and peer acceptance: _____

Responses to authority: _____

Other classroom rules: _____

COMMENTS:



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